

Medicare Advantage Update

contains up-to-date information for providers about Medicare Advantage plans with Blue Cross and Blue Shield of Nebraska (BCBSNE).

We encourage you to print a copy of this Update and keep it with your BCBSNE Medicare Advantage Core HMO and Choice HMO-POS Provider Manual. To request permission to reprint this material for any other purpose, please send an email to the editor, Cassie Wade, at Cassandra.Wade@NebraskaBlue.com.

Please refer to your provider manual often. You may view it at NebraskaBlue.com/MA-Manual.

To view past issues of Medicare Advantage Update, visit NebraskaBlue.com/MA-Update.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.

BCBSNE's response to the COVID-19 pandemic

At BCBSNE, our top priority is to ensure the health and safety of our members. We continue to follow the developing guidance of local and federal health officials regarding the impact of coronavirus (COVID-19). In response to the pandemic, we are:

- Waiving member cost-sharing for in-network treatment of COVID-19 from March 1, 2020, through June 30, 2020. This means that members with medical plan coverage will pay nothing for in-network testing and treatment administered at a doctor's office, urgent care facility or emergency room, as well as inpatient hospital stays.
- Waiving prior authorizations for COVID-19-related services. Additionally, we are extending existing prior authorizations on medical services by six months.
- Increasing access to prescription medications by waiving early medication refill limits on

30-day prescription maintenance medications, according to the terms of members' plans.

- Automatically extending existing prior authorizations until May 31, 2020, on prescription drugs that are set to expire.
- Paying all telehealth visits from in-network providers with no member cost-share for all members covered under a BCBSNE medical plan until further notice. Telehealth visits must be coded with a 95 modifier to be covered.
- Limiting activities that would otherwise require our providers' attention so that their focus can be on the pandemic and treating their patients.

From all of us at BCBSNE, we want to thank everyone on the frontlines who is putting their life at risk to keep us and our members safe.

For more information, visit [CDC.gov](https://www.cdc.gov) or NebraskaBlue.com/Coronavirus.

In this issue

BCBSNE's response to the COVID-19 pandemic	1
Medicare Advantage telehealth services available through Amwell	2
New HEDIS specifications for controlling blood pressure	3
Codes for hypertension and chronic kidney disease	3
CMS statement on provider directory accuracy	4

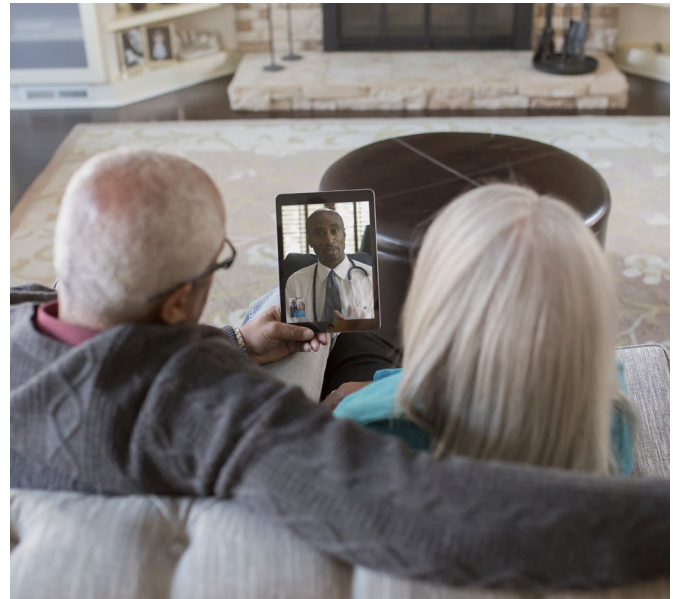
Medicare Advantage telehealth services available through Amwell®

Medicare Advantage members are currently being offered telehealth benefits through Amwell. Medicare Advantage members can use coupon code “MAFREE” to use Amwell at no cost to them.

If clinicians provide telehealth directly, their services will also be covered as long as claims are submitted correctly using the 95 modifier.

The Centers for Medicare & Medicaid Services (CMS) has released a comprehensive toolkit on telehealth that is specific to general practitioners.

This toolkit contains links to reliable sources of information on telehealth and telemedicine. This should help reduce the time clinicians spend searching for answers and should increase their time with patients.



Members can use this service at **no cost** to them

You can find the Telehealth Toolkit for General Practitioners at [CMS.gov/General-TeleMedicine-Toolkit](https://www.cms.gov/General-TeleMedicine-Toolkit).

CMS is monitoring the developing COVID-19 situation and continues to assess options to bring relief to clinicians. For complete and updated information specific to CMS, please visit the [current emergencies website](#).

We are here to make sure members are cared for during this stressful time. View the latest at [NebraskaBlue.com/Coronavirus](https://www.NebraskaBlue.com/Coronavirus).

New HEDIS specifications for controlling blood pressure

The controlling high blood pressure (CBP) HEDIS® quality measure assesses patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) as of Dec. 31 of the measurement year.

Blood Pressure CPT® Category II codes can be used to establish compliance with this HEDIS measure. Please document the appropriate CPT Category II and ICD-10 codes on the claims form. Review of medical records to confirm blood pressure values will not be required as long as the appropriate CPT codes are submitted via claims.

Please review the [CBP tip sheet](#) for the CPT Category II codes.



Systolic

Diastolic

NORMAL	BELOW 120	and	LESS THAN 80
ELEVATED	120-129	and	LESS THAN 80
HIGH STAGE 1	130-139	or	80-89
HIGH STAGE 2	140 OR HIGHER	and/or	90 OR HIGHER

Codes for hypertension and chronic kidney disease

The ICD-10 CM Official Guidelines for Coding and Reporting advise that when assigning diagnostic codes for hypertension (HTN), there is a presumed causal relationship between HTN and heart involvement or HTN and kidney involvement. As such, these two conditions are linked by the term “with,” “associated with,” or “due to” in the classification.

These conditions are coded as related, even in the absence of clinician documentation explicitly linking them, unless the clinician clearly states otherwise.

Please remember to specify in your documentation the linking of all comorbid conditions as well as the stage of chronic kidney disease. This will allow coders to apply the correct code with the highest level of specificity.



CMS statement on provider directory accuracy

Effective January 2020, CMS announced that the National Plan and Provider Enumeration System (NPPES) can be used by providers to certify their National Provider Identifier (NPI) data. This core directory data includes provider name, specialty, address and telephone number in a machine-readable format that can be accessed by virtually every provider in the country.

The ability of Medicare beneficiaries to identify and locate providers for purposes of accessing treatment and making health plan choices has led CMS to demand that a Medicare Advantage organization (MAO) directory be accurate, as required under 42 CFR § 422.111(b)(3). CMS encourages MAO health plans to work with their contracted providers to review and update their NPPES data.

CMS will continue to monitor the accuracy of MAO provider directories. CMS will employ discretion should it uncover errors in directories that are inconsistent with NPPES data, updated or certified between Jan. 1 and April 30, 2020, as long as any errors identified are corrected within 30 days.

Please direct any questions about the use of NPPES as a reliable source for provider directory data to Jeremy Willard at Jeremy.Willard@cms.hhs.gov.

View frequently asked questions regarding the use of NPPES at [CMS.gov/Medicare/HealthPlans/ManagedCareMarketing](https://www.cms.gov/Medicare/HealthPlans/ManagedCareMarketing).



If you have questions or would like more information about the articles in this newsletter, please contact your Provider Executive at **877-435-7258** 8 a.m. to 4:30 p.m. CT, Monday through Friday.